Committee Name:	•
Golden State Leadership Fund PAC	
If registered, FEC ID:	
Today's Date:	
10/18/2016	
Federal Election Commission	
999 E Street, N.W.	
Washington, D.C. 20463	

Re: Form 1, Statement of Organization—Unlimited Contributions

## To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

Aden Kun

, Treasurer

## 20-6-10-22-05-00-1-1888

**FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL CENTER

2016 OCT 24 AM 10: 46

							Office Use Only
1. NAME OF COMMITTEE (in	full)		(Check if name is changed)		nple:If typing, type the lines.	12FF	4M5
GOLDEN ST	GOLDEN STATE LEADERSHIP FUND PAC						
				1111			
ADDRESS (number an	d street)	511	S. PENN	1,5,7,1,6	ELP PLAC	$\mathcal{E}_{1}$	
(Check if a is changed		5,0,	1, [E, 2,1	2	.1.		
	L		) <sub>  0  </sub> 5 <sub> </sub> <b>A</b>   <b><i>N</i> <b></b>0 City <b>A</b></b>	P. O.A.K	2,5	CA STATE	2IP CODE ▲
COMMITTEE'S E-MA	IL ADDRESS						
(Check if a is changed	ddress )	T <sub>i</sub> A <sub>i</sub> s	5 K M A 5 1	-, E, K, @, /	7, 6, 8, 5, 6, 6, 1	ATE	5,.0,6,6,,,,,,,
:	C	Optiona	Second E-Mail	Address			
	L	1 1				<u> </u>	
COMMITTEE'S WEB  (Check if a is changed	ddress (	ESS (L	JRL)	1     1		1 1 1	
2. DATE 10 2.0.1.6							
3. FEC IDENTIFICATION NUMBER ▶ C							
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)							
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.							
Type or Print Name of Treasurer ADEN KUN							
Type or Print Name of Treasurer ADEN KUN							
Signature of Treasure	r <u>×</u>	160	rk			Date	10 18 2016
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.							
Office Use Only					For further information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYP	E OF C	ОММІТТЕЕ	
Can	ndidate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	olete the candidate
Nam Cano	e of didate		<u> </u>
	didate y Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	
(d)			Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	·
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	it Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number C	
	4		

FEC Form 1 (Revised 0	02/2009)	Page <b>3</b>
Write or Type Committee Name	•	
Golden State Leadership F	Fund PAC	
6. Name of Any Connected O	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Le	adership PAC Sponsor
<ol> <li>Custodian of Records: Identification</li> <li>books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person in po	ssession of committee
Full Name	Y, L, I, M, , , , , , , , , , , , , , , , ,	
Mailing Address	5 1 6 Pennnsfiele 1 d Place, . Suite	2 1 2 1 2
•	T, h, o, u, s, a, n, d, O, a, k, s,   C, A 9, 1, 3	3 6 0 -
Title or Position	CITY STATE	ZIP CODE
A <sub>I</sub> s <sub>I</sub> s <sub>I</sub> i <sub>I</sub> s <sub>I</sub> t <sub>I</sub> a <sub>I</sub> n <sub>I</sub> t <sub>I</sub>	Telephone number $\begin{bmatrix} 3 & 1 & 0 \end{bmatrix} - \begin{bmatrix} 5 & 1 & 0 \end{bmatrix}$	5,7,5 - [8,8,1,1]
Treasurer: List the name and any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the na , assistant treasurer).	ame and address of
Full Name  of Treasurer  A d e r	n <sub>,  </sub> K,u,n,	
Mailing Address	5, 1, 6,   P, e, n, n, s, f, i, e, 1, d,   P, 1, a, c, e, ,   S, u, i, t, e	2,1,2,,,
	T, h, o, u, s, a, n, d, , O, a, k, s, , , , , , , , , , , , , , , , ,	3,0,0 -
Title or Position	CITY STATE	ZIP CODE
T <sub> </sub> r <sub> </sub> e <sub> </sub> a <sub> </sub> s <sub> </sub> u <sub> </sub> r <sub> </sub> e <sub> </sub> r <sub> </sub>	Telephone number [3,1,0]-[5	5 7 5 - 8 8 1 1

9.

FEC Form 1 (Revised	02/2009)		Page 4		
Full Name of	- complete c				
Designated Agent And Agent	L i m				
Mailing Address	5,1,6, ,P,e,n,n,s,f,i,e,l,d,	P, 1, a, c, e, , , S, u	i_t_e_ 2_1_2		
	Tihioluisiainidi lolaikisi		9,1,3,6,0 -		
	CITY	STATE	ZIP CODE		
Title or Position					
A   s   s   i   s   t   a   n   t	T <sub>i</sub> r <sub>i</sub> e <sub>l</sub> a <sub>l</sub> s <sub>i</sub> u <sub>l</sub> r <sub>i</sub> e <sub>i</sub> r <sub>i</sub>	Telephone number 3 1 1	0 - 5,7,5 - 8,8,1,1		
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.					
lc a 1 i	fornia Bank s	Truet	1		
	fornia Bank &	T <sub>rust</sub>			
Mailing Address	5,5,0, S,., H,o,p,e, S,t,	.,, Suite 1	10,0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	L <sub>l</sub> o <sub>l</sub> s <sub>i A</sub> n <sub>l</sub> g <sub>l</sub> e <sub>l</sub> l <sub>l</sub> e <sub>l</sub> s <sub>i i i</sub>	CA	9 0 0 7 1 -		
	CITY	STATE	ZIP CODE		
Name of Bank, Depository, et	c.				
ı			,		
<u></u>					
Mailing Address					
	CITY	STATE	ZIP CODE		

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Foderal Election Commission 999 E Street NW Juaghington Dc 20463



אאבת בנכא נססם סנכס אנסל

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